STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968676	11/25/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL DUNN ASSISTANT LIVING, INC.	5726-28 LINCOLN STREET HOLLYWOOD, FL 33021

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A complaint investigation CCR 2015008463 was conducted at All Dunn Assistant Living Inc. on / . All Dunn Assistant Living, Inc. had deficiencies at the time of the investigation.

0010 Admissions - Continued Residency

Based on observation, record review and interview, the facility failed to ensure that 1 out of 4 residents (Resident #1) met the requirement for continued residency. As evidenced by the resident's inability to self feed, take her own medications and being bed-ridden for more than 7 consecutive days.

The findings include:

During the tour of the facility on / , at 9:20 AM, Resident #1 was observed in bed lying and being fed by someone whom the Administrator reported was her sister (Employee D). The Resident was observed barely able to open her mouth to drink or able to self-feed. Her arms rested on the bed by her flanks. She did not answer any of the questions this surveyor asked her, or was not able to. The leg was observed in a soft and partially covered with a comforter.

The Administrator reported later after the observation that the resident has been unable to walk ever since she returned to the facility following her short hospitalization on after she had her right leg at the facility. She said that her health has been declining. She also stated that her sister does not work at the facility but has been visiting her and was meanwhile was helping her to care for the residents.

Review of Resident #1's admission record indicated she was admitted to the facility on / in a wheelchair. Furthermore, the admission record dated / revealed that the resident was wheelchair bound upon admission and needed total assistance for ambulation. Her Health Assessment (AHCA Form 1823) dated / revealed the following diagnoses: , , and and that she needed assistance with self-administration of medication, total assistance with ambulation, , bathing, and dressing. It further revealed that the resident does not require 24 hours nursing care or supervision. Review of the hospital record revealed the resident was admitted to the hospital on following a hair line of the / bone sustained at the while at the assisted living facility.

In a follow-up interview with the Administrator on / at 1:20 PM, she reported that home health was providing home care services to Resident #1. However, she was not able to show when that service is provided; there was no record present. The Administrator further indicated that the resident has been

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bed-ridden since she returned from the hospital on 10/4/2015. She said that she has requested an evaluation for hospice services, but she was still waiting for hospice to perform the evaluation.

Class III

0025 Resident Care - Supervision

Based on observation, interview and record review, the facility failed to ensure that 4 of 4 residents (Resident #1, 2, 3, and #4) received supervision by qualified personnel. This was evidenced by observation revealing that Residents #3 and #4 were not supervised while in the shower; and all 4 residents' lunch service being provided by unqualified staff (Employee D).
The findings include:
On / at around 9:20 AM after entering the facility, Employee D was observed feeding Resident #1 whom was bed- ridden as confirmed by an interview with the administrator thereafter. Review of Resident #1 Health Assessment (AHCA form 1823) revealed that she required assistance for eating. Observation of Resident #1 while being fed by employee (D) on / at 9:20 AM indicated that the Resident was lying on her back in an approximately 65 degrees angle. A request to review employee (D) file was denied on the claim that employee D was simply a visitor at the facility as per the Administrator. Consequently, she did not receive any food service training.
Later. at about 9:25 AM during the tour the Administrator reported that Residents #3 and #4 were in the the shower was overheard running. When asked why two residents were in the the same time, the administrator said that Resident #3 and #4 are and that Resident #3 loves to care for Resident #4.
Review of Resident #4's 1823 revealed that she needed 1- person supervision for bathing, toileting, self-care , transferring and ambulation. Her record also revealed that she suffers from , Mental Illness ( ), (A Fib), and has a Pace maker. Additionally, the facility's Admission Assessment dated / revealed that the resident ambulates with a walker and has unsteady gait, she is alert but .
Review of Resident #3 ' s Health Assessment also revealed that she was independent for all activities of daily living. However, she suffers from and . Review of her assessment by the facility as recorded on a document titled: Certicate of Medicaid Necessity signed by the Administrator and dated / revealed that the resident needed health support by ensuring her whereabouts and well-being; and she also needed reminders for important tasks; and that such would be recorded and reported to the healthcare provider.
Observation on / at 12:00 PM revealed that the administrator did not serve lunch to the residents. After she was questioned on the matter she proceeded to the kitchen to prepare lunch. However, when she arrived she noticed that lunch had already been served. She then inquired and Resident #4 informed her that employee D had served them lunch. The portion sizes, the meal

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composition could not be assessed and it was uncertain whether employee D had followed the following requirements for Resident #3 #4: no added salt diet.
Class III

0054 Medication - Records

Based on observation, record review and interview, the facility failed to maintain a medication observation record (MOR) for 3 of 4 residents (Resident#1, #2 & #3) and an accurate MOR for 1 of 4 residents (Resident #4).
The findings include:
On / during review of the medication observation record (MOR), it was noted that Resident #1, 2, and 3 had no current MOR available. There were only two old MORs indicating that Resident #3 had prescribed medications dated 2015 and 2015, Resident #1 and #2 had no MORs.
a) During an interview with the Administrator immediately after, at approximately 11:25 AM, she reported that Resident #1 was not taking any medications. Subsequent to this revelation, a screening of the medications was conducted and it revealed that Resident #1 had medications in the medicine cabinet. Prompted by this findina. the administrator stated that she forgot, and that Resident #1 does take the following medications: - D 500 mg; 325 mg tablet, 500 mg tablet and 500 mg tablet.
Review of the Doctor (MD)'s order revealed that the D 500 (250 mg) 200 units per tablet was to be given 1 tablet by mouth once daily. The orders for the other medications were not available and there was no MOR for the month of 2015 for Resident #1.
b) Resident #2 health assessment dated / / revealed the following medications:
a) 5 mg PO. QD for by mouth
b) 81 mg gel daily for by mouth
c) ER 2.5 mg takes 1 tablet by mouth daily
d) 0.5mg take 1 tablet by mouth daily
e) 5 mg take 1 tablet by mouth daily
f) 50 mg takes 1 tablet by mouth daily
g) 100 mg takes 1 tablet by mouth daily
h) 500 mg tablet take 1 tablet by mouth daily
The Administrator reported that all these medications were sorted in a pill organizer and are given daily to the resident.
An interview with the Resident on / / at 10: 00 AM confirmed that she does receive her medications. She also reported that she is highly independent.
c) Resident #3 who is prescribed 2.5 mg; 5 mg, 4 mg 160 mg and tap 10 mg also had no MOR.
Review Resident #3 Health Assessment (Ahca form 1823) revealed that the resident was transferred

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from the Adult Day Care to the to this facility in , 2015 and the health Assessment was signed by the physician the same month and revealed the resident requires assistance for self-administration of medication and is independent for all activities of daily living. Her diagnoses include and

d) Review of the MORs for resident #4 revealed that there was no signature on the MOR beginning , 2015 to current date.
During an interview with the Administrator on / / at approximately 4:00 PM, she agreed with the findings and provided no additional information.

Class III

0078 Staffing Standards - Staff

Based on observation and record review, the administrator failed to prove that she met the staffing hours requirement to meet the needs of 4 residents (Resident #1, #2, #3, & #4) currently at the facility; she had no staffing schedule/ work hours recorded.
The Findings include:
An observation at the facility on / at 9:20 AM revealed that the facility had used a " visiting family member " to meet the need of the residents currently at the facility. The family member (Employee D noted with a nursing uniform) was observed feeding Resident #1 who was bed bound and required total assistance. Resident #2, #3 and #4 were observed in the family television and were also noted as independent, ambulating and using the
During an interview with the Administrator ' s family member on / at 9:20 AM, she reported that she was indeed visiting her sister, the Administrator. However, she also stated that she has been coming to the facility since , 2015. She said that she did not know the exact date. She further informed that she likes feeding Resident #1 and assist her sister to bathe her as needed. She additionally reported later at around 12:15 PM, that she prepared lunch for the other residents in the facility.
During an interview with the administrator at 12:09 PM, she was asked to provide the staffing schedule to verify her employees. She said that she did not have one. But, she reported that she had 3 other employees of whom two were currently vacationing out of the country and one was a relief worker. The administrator additionally reported she lives at the facility and claimed that the resident are safe and cared for at all times.
Class III

0079 Staffing Standards - Levels

Based on record review and interview, the assisted living facility failed to maintain a written work schedule to reflect its 24-hour staffing pattern for a given time period. As noted by a lack of evidence

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showing the employees scheduld to work the 24-hour shift from 7 AM- 7PM and 7PM- 7 AM.

The findings Include:

During an observation on 11/09/2015 at the facility from 9:00 AM to 4:00 PM, the administrator and Employee D were on site assisting the residents.

During record review and interview with the Administrator at 11:30 AM, she reported that she had 3 employees and one relief worker supposedly scheduled to work at the facility. Review of records confirmed required documentations for employement were in the in all three employees's records (Employee A, B and C), no record for Employee D. However, the Administrator was not able to present a schedule verifying when these employees actually worked.

During an interview with the Administrator on / at 3:00 PM, she stated that she has proof of payments given to employees A, B and C to indicate that they have in fact worked; but, the staffing schedule was not available.

Class III

0161 Records - Staff

Based on observation and interview the assisted living facility failed to maintain a personnel record for 1 out of 4 (Staff D) current staff members that includes the following: a copy of an employment application with references, documentation verifying freedom from signs and symptoms of communicable , compliance with all required staff trainings, and a Level 2 background screening.

The findings include:

On / at 10:00 AM in # , Staff D was observed unsupervised sitting at the bedside feeding Resident #1. Later that day at 12:00 PM, the Administrator was asked if she was not going to serve lunch to the residents. She replied, she will and proceeded to the kitchen. When she got there, she noticed that lunch had already been served. Resident #2, #3 and #4 confirmed that they were served lunch by employee D (unsupervised).

On / at 12:25 PM this surveyor asked to review Staff D's personnel file, the Administrator reported they that employee D did not have one. An interview with Staff D later at 1:00 PM confirmed that she had indeed served lunch to all the residents. Further observation indicated that Resident #1

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lunch was not yet served. Employee D stated during a brief interview that she will feed resident #1 later because she had a late breakfast.

In an interview conducted with the Administrator on / / , in the morning at 9:40 AM , she stated that Staff D is here visiting and that she has been helping her since she arrived in this country on / . Further observation revealed that staff D had on a nursing uniform while feeding Resident #1. She further stated that she did not a social security card, a level 2 background screening nor a statement from a health care provider that she is free of signs and symptoms of a communicable , or documentation of any trainings.

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on observation, record review and interview, the facility failed to file an adverse incident report following 1 of 4 residents injury (Resident #1) for which she required acute care in a hospital.
The findings include:
On / , Resident # 1 was observed in bed lying and being fed. Her right leg was observed wraped around in a soft . She was unable to be interviewed and had difficulty opening her mouth to eat.
An interview with the Administrator on / at 11:30 AM revealed that the resident was recently sent to a nearby hospital requiring acute care; she had her right leg. The Administrator reported that on , as she was assisting the resident from her commode to the bed, the resident inadvertently either kicked the commode or the side of the bed. Later during that day, as she continued to monitor the resident, she noticed that the leg was and immediately rushed the resident to the hospital. The Administrator stated that she notified the resident ' s Physician, the resident ' s lawyer, and her family member but she did not think she needed to file an adverse incident report with the State.
Review of the medical report from the hospital dated revealed the resident had sustained a hair line of the / . Her health Assessment (AHCA form 1823) revealed that she suffers from ' s, and . Furthermore, her 1823 indicated that she required total assistance for ambulation, and dressing, and bathing, and needed assistance for toileting and transferring.
Additionally, the Administrator was unable to verify staffing coverage at the facility on the day of the incident. Consequently, it was difficult to determine who provided toileting assistance to the resident on the day of the incident.
Class III

Z815 Backaround Screenina: Prohibited Offenses

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Based on observations and interview, the facility failed to ensure that a Level II Background Screening was obtained as required, for 1 of 4 staff (Employee D) and reviewed prior to direct contact with persons.

The findings include:

On /15 at 9:20 AM in # , Employee D was observed unsupervised sitting at the bedside with Resident #1 feeding her. On at around 11:00 AM, Employee D indicated that she prepared and served lunch for Residents #2, #3 and #4. On throughout the remainder of the day, Employee D sat by Resident #1's bed and supervised her.

In an interview conducted with Staff D on at approximately 9:25 AM, she confirmed she was assisting Resident # 1 with eating and that she has known this resident and her representatives for more than a year. Staff D also confirmed she did not have a Level II background screening and that she was visiting from Jamaica.

In an interview conducted on at 10:20 AM with Resident #3 , she stated that Employee (D) is the Assistant Administrator at the facility.

On at around 1:15 PM, a request was made to review Staff D's personnel file, the Administrator confirmed they do not have a personnel file for review for Employee (D).

In an interview conducted with the Administrator on at 12:27 PM , she stated that Employee D was her sister visiting her from Jamaica and that while at the facility she assist her. She confirmed that she did not have a level 2 background screening for Employee D.

The AHCA Background Screening Data base was searched on and regarding Employee D eligibility status, no information could be located.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
All Dunn Assistant Living, Inc.
5726 - 28 Lincoln Street
Hollywood, FL 33021

RE: CCR #2015008463

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2015 and 25 by representative from this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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